## REQUEST FOR DISCOVERY

Date: Name: Address:			
Telephone:			
	ORS 135.815, please aco	cept this as my request for discovery. wing items(s):	With
in cash or by Hall, City Atto may either ha Your request office. If your	check (payable to CITY brney's Office, 4755 SW and deliver your request will not be processed urequest is extensive your addition to the standar	dard discovery request is \$12. Payme OF BEAVERTON). We are located Griffith Drive, Beaverton, OR 97005 along with payment or mail it in along ntil payment has been received by the may be notified of additional charged \$12 fee, the following items are at a	in Beaverton City , Suite 360. You with your check. e City Attorney's s prior to the work
Reproduction	Reproduction: \$1/ photo of Video Recording: \$2 of Audio Recording: \$1	5	
	(Do No	ot Write Below This Line)	
-	ot of Discovery:	Date:	
Recei	pt of Payment:	Date:	

PLEASE NOTE: WE ARE NOT PERMITTED BY LAW TO GIVE LEGAL ADVICE